

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	TD		3-16-00
O.I.P.E. CLASSIFIER		16	2-2-00
FORMALITY REVIEW		71090	5/19/00
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✓ Rejected
 = Allowed
 - (Through numeral)..... Canceled
 + Restricted
 N Non-elected
 I Interference
 A Appeal
 O Objected

BEST AVAILABLE COPY

APPLICANTS TITLE

Claim	Final	Original	Date
1	✓	✓	03/08/00
2	✓	✓	03/08/00
3	✓	✓	03/08/00
4	✓	✓	03/08/00
5	✓	✓	03/08/00
6	✓	✓	03/08/00
7	✓	✓	03/08/00
8	✓	✓	03/08/00
9	✓	✓	03/08/00
10	✓	✓	03/08/00
11	✓	✓	03/08/00
12	✓	✓	03/08/00
13	✓	✓	03/08/00
14	✓	✓	03/08/00
15	✓	✓	03/08/00
16	✓	✓	03/08/00
17	✓	✓	03/08/00
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19	✓	✓	03/08/00
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46	✓	✓	03/08/00
47	✓	✓	03/08/00
48	✓	✓	03/08/00
49	✓	✓	03/08/00
50	✓	✓	03/08/00

Claim	Final	Original	Date
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If more than 150 claims or 10 actions
staple additional sheet here

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